



U.S. Department of Transportation  
Federal Aviation Administration

## Application for Repair Station Certificate and/or Rating

1. Repair Station Name, Number, Location and Address	2. Reasons for Submission
<p>a. Official Name of Station <span style="float: right;">Number</span></p> <hr/> <p>b. Location where business conducted</p> <hr/> <p>c. Official Mailing Address of Repair Station (<i>Number, Street, City, State &amp; ZIP</i>)</p> <hr/> <p>d. Doing Business As:</p> <hr/>	<p> <input type="checkbox"/> Original Application for Certificate and Rating  <input type="checkbox"/> Change in Rating  <input type="checkbox"/> Change in Location or Housing and Facilities  <input type="checkbox"/> Change in Ownership  <input type="checkbox"/> Other (<i>Specify</i>)         </p> <hr/> <hr/> <hr/>

**3. Ratings Applied for:**

<input type="checkbox"/> <b>Airframe</b> <input type="checkbox"/> Class 1 <input type="checkbox"/> Class 2 <input type="checkbox"/> Class 3 <input type="checkbox"/> Class 4	<input type="checkbox"/> <b>Powerplant</b> <input type="checkbox"/> Class 1 <input type="checkbox"/> Class 2 <input type="checkbox"/> Class 3	<input type="checkbox"/> <b>Propeller</b> <input type="checkbox"/> Class 1 <input type="checkbox"/> Class 2	<input type="checkbox"/> <b>Radio</b> <input type="checkbox"/> Class 1 <input type="checkbox"/> Class 2 <input type="checkbox"/> Class 3	<input type="checkbox"/> <b>Instrument</b> <input type="checkbox"/> Class 1 <input type="checkbox"/> Class 2 <input type="checkbox"/> Class 3 <input type="checkbox"/> Class 4
<input type="checkbox"/> <b>Accessories</b> <input type="checkbox"/> Class 1 <input type="checkbox"/> Class 2 <input type="checkbox"/> Class 3	<input type="checkbox"/> <b>Limited</b> <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Airframe  <input type="checkbox"/> Engine  <input type="checkbox"/> Propeller  <input type="checkbox"/> Instrument         </div> <div> <input type="checkbox"/> Accessories  <input type="checkbox"/> Landing Gear  <input type="checkbox"/> Floats  <input type="checkbox"/> Radio         </div> <div> <input type="checkbox"/> Rotor Blades  <input type="checkbox"/> Fabric  <input type="checkbox"/> Emergency Equip.  <input type="checkbox"/> Non-Dest. Test         </div> <div> <input type="checkbox"/> Specialized Services (<i>specify</i>)  <hr/> <hr/> </div> </div>			

**4. List of Maintenance Functions Contracted to Outside Agencies:**

**5. Applicant's Certification**

Name of Owner (*Include name(s) of individual owner, all partners, or corporation name giving state and date of incorporation*)

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I hereby certify that I have been authorize by the repair station identified in Item 1 above to make this application and that statements and attachments hereto are true and correct to the best of my knowledge.

Date	Authorized Signature	Printed Name of Authorized Signer	Title

**Agency Display of Estimated Burden:** The FAA estimates that the average burden for this report form is 15 minutes per response. You may submit any comments regarding the accuracy of this burden estimate or any suggestions for reducing the burden to the Office of Management and Budget. You may also send comments to the Federal Aviation Administration, Aircraft Maintenance Division, AFS-300, 800 Independence Avenue, SW, Washington, DC 20591, Attention: OMB number 2120-0010.

## Record of Action

## Repair Station Inspection

For FAA Use Only

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6. Remarks (Identify by item number. Include deficiencies found, ratings denied.)

## 7. Findings - Recommendations

## 8. Date of Inspection

- ☐ A. Station was found to comply with requirements of FAR 145.
- ☐ B. Station was found to comply with requirements of FAR 145 except for deficiencies listed in Item 6.
- ☐ C. Recommend certificate with rating applied for on application be issued.
- ☐ D. Recommend Certificate with rating applied for on application (*EXCEPT those listed in item 6*) be issued.

## 9. Office

## Signature(s) of Inspector(s)

## Printed Name(s) of Inspector(s)

## 10. Supervising or Assigned Inspector

## ACTION TAKEN

## CERTIFICATE ISSUED

Inspector's Signature

☐ APPROVED  
as shown on certificate  
issued on date shown.

Number

Date

Inspector's Printed Name

Title

☐ DISAPPROVED